



Joseph P. Kane  
Chief of Department

**City of Manchester  
Fire Department  
Fire Prevention Bureau**  
100 Merrimack Street  
Manchester, New Hampshire 03101-2208  
Telephone (603)669-2256 Fax (603) 665-6802  
www.ci.manchester.nh.us

## **APPLICATION FOR PERMIT TO STORE, TRANSPORT, AND USE EXPLOSIVES, OR BLASTING AGENTS**

### **DESCRIPTION OF APPLICANT**

Company Name of Applicant \_\_\_\_\_ Street Address \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

New Hampshire Address \_\_\_\_\_

Name and Address of Contractor  
that will use explosives. \_\_\_\_\_ Phone \_\_\_\_\_

Name of general contractor  
if different from on-site contractor. \_\_\_\_\_ Phone \_\_\_\_\_

NH Blasting License # \_\_\_\_\_ Location of Protective Signing \_\_\_\_\_

### **SITE PLAN IDENTIFICATION**

Specific Areas of Blasting \_\_\_\_\_ Storage Area \_\_\_\_\_  
Amount of Explosives Stored \_\_\_\_\_ Type of Explosives Stored \_\_\_\_\_

***Prior to blasting, please notify Fire Alarm at (603) 669-2256***

### **CERTIFICATE OF INSURANCE**

Name of Insurance Company \_\_\_\_\_  
Expiration Date of Policy \_\_\_\_\_ Limits of Liability of Policy \_\_\_\_\_

### **BLASTING PERMIT**

The undersigned hereby makes application for a Permit to Store, Transport, and the Use of Explosives or Blasting Agents, in accordance with the provisions of the Code of Ordinances of the City of Manchester, Chapter 92, Section 92.05, Fire Prevention Code, Ch 1, Sec 105.1; Ch 33, Sec 3301.2.

I declare that the following information is true and complete to the best of my knowledge. I understand that any intentional false answer to any question will be just cause for refusal of my application or revocation of any license under the provisions of the above mentioned statute.

Approved \_\_\_\_\_  
Date \_\_\_\_\_

Permit Expires \_\_\_\_\_  
Date \_\_\_\_\_

Denied \_\_\_\_\_  
Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Chief of Fire Prevention Bureau \_\_\_\_\_